STANDARDS FOR NOMENCLATURE AND OPERATIONS FOR URGENT CARE CLINICS IN VHA FACILITIES

- **1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy to ensure uniform delivery of high-quality care at Urgent Care Clinics in VHA facilities. *NOTE:* VA Urgent Care Clinics do not provide emergency medical care, pediatric care, or maternity care nor do they accept emergency cases from the Emergency Medical Service (EMS) system.
- **2. BACKGROUND:** The Department of Veterans Affairs (VA) recognizes that continuity of care for patients with their own provider improves satisfaction, cost and quality. Therefore, non-emergent ambulatory medical care should routinely be provided in Primary Care Clinics by the veteran's own primary care provider (PCP) for both scheduled and unscheduled needs.
- a. At the same time, facilities must provide a care location for patients without a PCP, for patients with problems that may not be appropriate for the PCP clinic (i.e., sutures), and possibly for patients whose PCP is unavailable. Urgent Care Clinics may fill this need for sites without Emergency Departments (EDs), or for sites with an ED who find this lower level of care desirable as a supplement to the ED.
- b. Standardized nomenclature for medical care services is needed to ensure that patients seeking emergency care or unscheduled ambulatory care in any VHA facility can readily identify the appropriate location for such services.
- c. There can be a wide spectrum of normal hours and after hours ambulatory care services available among VHA facilities. Current VHA policy states that the level of care is to be determined by the capability, capacity, and function of the parent facility.
- d. Patients with primary care providers that present to the facility with problems that can be appropriately managed in primary care need to be referred directly to their primary care provider whenever possible to maintain continuity of care. Referral of patients to other areas and clinics from the Urgent Care Clinic will be done if appropriate and available on site.
- e. The provisions of Title 42 Code of Federal Regulations 489.24 implement the Emergency Medical Treatment and Active Labor Act (EMTALA). While not technically subject to EMTALA and the regulations implementing the Act issued by the Centers for Medicare and Medicaid Services (CMS), VHA complies with the intent of EMTALA requirements regarding the transfer of acute patients among health care facilities (see current VHA policy).

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f. **Definitions**

- (1) **Emergency Care.** Emergency care is the resuscitative and/or stabilizing treatment needed for any acute medical or psychiatric illness or condition that poses a threat of serious jeopardy to life, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.
- (2) **Emergency Department (ED).** The ED's primary responsibility is to provide resuscitative therapy and stabilization in life-threatening situations; it is also staffed and equipped to provide initial evaluation, treatment and disposition for a broad spectrum of illnesses, injuries, and psychiatric disorders, regardless of the level of severity. Emergency care is provided in a clearly defined area dedicated to this function, and operates 24 hours a day, 7 days a week.
- (3) **Urgent Care.** Urgent care is unscheduled ambulatory care for an acute medical or psychiatric illness and/or minor injuries for which there is a pressing need for treatment to prevent deterioration of the condition or impairing possible recovery.
- (4) **Urgent Care Clinic.** An Urgent Care Clinic provides ambulatory medical care for patients without a scheduled appointment who are in need of immediate attention for an acute medical or psychiatric illness, and/or minor injuries. Urgent Care Clinics can exist in facilities with or without an ED. In either case, Urgent Care Clinics are not designed to provide the full spectrum of emergency medical care.
- (a) Urgent Care Clinics treat many problems that can be seen in a primary care physician's office, (either primary or specialty care), such as: cough, allergy symptoms, fever, infections (i.e., sinus, ear, skin, respiratory, bladder, intestinal), rashes, headaches, soft tissue injuries, and abdominal pain.
- (b) Urgent Care Clinics may utilize ancillary services that are often not available in primary care clinics and physician offices, such as laboratory and X-ray facilities; they have the resources available which allow for immediate diagnosis and treatment of mild to moderate illnesses, minor fractures, foreign bodies, and minor traumatic injuries, such as lacerations.
- **3. POLICY:** It is VHA policy to designate as Urgent Care Clinics those clinics designed to provide care to patients who either do not have a Primary Care or Specialty Care Provider present or whose acute medical or psychiatric non-emergent condition requires a higher level of care than is available in the Primary Care or Specialty Care Clinic setting to prevent deterioration or maximize recovery.

4. ACTION

a. <u>Veterans Integrated Service Network (VISN) Director.</u> The VISN Director is responsible for ensuring that all clinics within the VISN that meet the definition of an Urgent Care Clinic are appropriately designated.

- b. **Facility Director.** The facility Director is responsible for:
- (1) Determining the need for an Urgent Care Clinic.
- (2) Establishing the hours of operation.
- (3) Ensuring the clinic is appropriately staffed and equipped at all times.
- (4) Determining that the level of services provided by the Urgent Care Clinic is congruent with the capabilities, capacity and function of that facility.
- (5) Ensuring that appropriate radiology, laboratory, and pharmacy services are available to the Urgent Care Clinic.
- (6) Providing sufficient support services to the Urgent Care Clinic to ensure that necessary and appropriate care can be consistently delivered in a timely fashion. This includes the physical plant, equipment, and supplies, along with ensurance that these are appropriately maintained and are in compliance with all applicable standards.
- (7) Ensuring that the Clinic patients are directed to the appropriate level of care and that the care is appropriately captured using DSS stop code 131. Patients are to be advised to present to the closest ED if they suffer conditions that may require services beyond the capacity of the Urgent Care Clinic. A sample listing of these includes, but is not necessarily limited to:
 - (a) Chest pain;
 - (b) Difficulty breathing or severe shortness of breath;
 - (c) Uncontrolled bleeding;
 - (d) Sudden or severe pain;
 - (e) Coughing up or vomiting blood;
 - (f) Sudden dizziness, weakness, or visual changes;
 - (g) Severe or persistent vomiting; and
 - (h) Change in mental status, such as confusion, stupor or coma.
- c. <u>Urgent Care Clinic Directors and Managers.</u> Urgent Care Clinic directors and managers are responsible for ensuring that:
- (1) Staff has received requisite training for the scope of practice in the clinic and for initial stabilization of acute emergencies.

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- (2) A physician is on site during hours of operation. The use of Nurse Practitioners and Physician Assistants as additional staff is acceptable as long as they work within their scope of practice.
- (3) The Urgent Care Clinic has the capability to treat simple fractures, minor trauma, and lacerations, or have a referral process to obtain these services for their patients.
- (4) For Urgent Care Clinics operating 24-hours a day, 7-days a week, mental health coverage must be available either on-site or on-call at all times.
- (5) Policies for the provision of urgent care and for the disposition of patients whose care needs may exceed the facility's capabilities (e.g., cardiac arrest, acute myocardial infarction, severe respiratory distress, major trauma, obstetrics and gynecology, pediatrics and surgical subspecialty care, etc.) are developed, implemented and monitored in conformance with current VHA policy.
- (a) In these situations, the facility must provide initial stabilization and arrange for emergency transfer or transportation to an appropriate higher-level facility.
- (b) Transfer agreements need to be developed in advance with local and regional health care partners.
- **5. REFERENCES**: None.
- **6. FOLLOW-UP RESPONSIBILITY:** The Office of the Deputy Under Secretary for Health for Operations and Management (10N) and the Office of Patient Care Services (11) are responsible for the contents of this Directive. Questions may be referred to the National Director for Emergency Medicine at (202) 273-8530.
- **7. RESCISSIONS:** None. This VHA Directive expires December 31, 2012.

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Attachment

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ATTACHMENT A

FREQUENTLY ASKED QUESTIONS

1. Who should be the Director of the Urgent Care Clinic?

Determination of the appropriate person to serve as Director of the Urgent Care Clinic is a local decision. The Director could be the Director of Primary Care or the Director of the Emergency Department (ED), or someone else working in conjunction with these individuals.

2. Do Urgent Care Clinics have to be staffed by a physician?

Yes. There must be a physician assigned to the Urgent Care Clinic and present at all times on site within the VA Medical Center. Daily staffing may be supplemented by licensed independent practitioners or by other providers such as physician assistants operating under the license and supervision of the Urgent Care Clinic Director and/or the on-duty staff physician. Staff practicing in the Urgent Care Clinic should have appropriate training and experience to be credentialed to practice in the Urgent Care Clinic.

3. Will our Urgent Care Clinics have to provide pediatric care and Pediatric Advanced Life Support (PALS)?

No. However, the Urgent Care Clinic needs to have a written policy and procedures in effect to transfer pediatric patients to an appropriate facility after stabilization. If there is pediatric resuscitation equipment in the Urgent Care Clinic, the staff is to be trained in PALS in order to use this equipment.

4. Does the Urgent Care Clinic need to be open 24/7?

No. However, the hours of operation for the Clinic must be clearly delineated. Adequate education must be given to the facility patient population regarding access of emergency care when needed.

5. Can after-hours Urgent Care Clinic care be provided through a sharing agreement?

Yes. After-hours medical care can be shared with an "adjacent" or affiliated facility with Urgent Care Clinic capabilities; however, it should be clear to the veteran where to obtain this care. *NOTE:* Any sharing agreements implemented should not place the health of the veteran at risk.

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6. Do all Urgent Care Clinics need to provide the same services?

No. The level of care may be higher in some Urgent Care Clinics because of the capabilities of the parent facility (e.g., laboratory, radiology, etc., or the ability to administer Intravenous (IV) fluids or medications). All Urgent Care Clinics are to be able to provide Basic Life Support (BLS) services such as an Automated External Defibrillator, (AED) or bag valve mask capabilities in life-threatening situations. Policies and procedures must be in place for emergent transfer of veterans to a higher level of care as appropriate.

7. Do support services such as laboratory, radiology, and pharmacy need to be available when the Urgent Care Clinic is open?

Yes. The appropriate laboratory, radiology, and pharmacy support services need to be available during the hours of Urgent Care Clinic operation; however the decision to provide this support on-site or as an on-call service is up to the facility Director, or Chief of Staff.

8. Does the facility need to have inpatient medical or surgical beds to have an Urgent Care Clinic?

No. Having medical or surgical beds is not a requirement to have an Urgent Care Clinic.